

Issue Briefs:

Massachusetts

Behavioral Health Analysis

Recovery and Peer Support

Since the 1999 Surgeon General's report,¹ the fields of mental health and substance abuse treatment have been transformed by a new focus on promoting and sustaining recovery. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."² While many disabling behavioral health conditions may require some level of illness self-management and recovery support, recovery is attainable. Sustaining recovery from substance abuse problems is also a significant focus for individuals who have experienced them.

Peers, people who have experience in coping with and recovering from mental illnesses and substance abuse, are in a unique position because of their personal experience to provide health literacy and help others manage their symptoms, and develop hope for the future.³ Recovery support services are increasingly being funded on a limited basis nationally, and in Massachusetts, by public behavioral health agencies. They are being used for the treatment of chronic diseases⁴ and recommended as an important part of the continuum of services in overall health system.⁵ Two recent reviews published by SAMHSA⁶ summarize the research for peer support services:

- For people with mental illness,⁷ a majority of studies comparing usual care to either peers that supplement usual care or peers delivering curricula on their own found that use of peers had better outcomes. Compared with professional staff, there was some evidence that the use of peers led to reduced inpatient utilization and improved a range of recovery outcomes. In virtually all cases, consumers preferred the support of peers to usual care.
- For people with substance use disorders,⁸ peer support approaches demonstrated reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience.

Numerous states have recognized certified peer support services as a Medicaid reimbursable service. As of 2012, certification standards have been proposed and adopted in 36 states including

¹ U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

² <http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/#.U7aRTPldWa8>

³ Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal* 27 (4), 392.

⁴ Heisler, M. (2006). Building peer support programs to manage chronic disease: Seven models for success. *California Health Care Foundation*.

⁵ Reif, S. et al. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65 (7).

⁶ Ibid

⁷ Chinman, M., et al. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services*, vol. 65, no 4.

⁸ Reif, S., et al. (2014). Op. Cit.

Massachusetts.⁹ In 1999, Georgia was the first state in the country to obtain Medicaid funding for peer support and the program has been so successful that in 2007, the Centers for Medicare and Medicaid Services (CMS) urged other states to do the same and sent out guidelines.¹⁰ Advocates and others within Massachusetts have been urging adoption of peer support as a state plan service requiring formal certification, in addition to existing peer support services, such as the Family Partner services that are currently provided for families of youth with serious emotional disturbances through MassHealth managed care programs.

Nationally, efforts to develop peer recovery support for people with substance use disorders have lagged behind the mental health recovery movement in large part because so many states have limited benefits for substance abuse services. Peer support for substance abuse has grown out of Alcoholics Anonymous (AA) and related “mutual support” peer programs. These mutual support approaches demonstrated since 1935 differ from what we are calling peer support here because AA members provide mutual support rather than the “coaching” model promoted in peer recovery support programs. Since 2009, the SAMHSA Center for Substance Abuse Treatment has promoted the development of peer recovery support services and coaches through grants from the Recovery Community Services Program. Massachusetts funds seven Peer Recovery Support Centers across the state and funds the Recovery Coaches Academy which has trained and certified approximately 200 coaches.

As noted above, peers are increasingly recognized by CMS, SAMHSA, states, and many providers for their valuable contribution to the workforce as trained staff who can provide assistance in engaging consumers, and in some models, coordinating care. The literature also documents the value of peer supports for people with other chronic diseases in settings that include primary care offices, inpatient hospitals, housing programs, and others.¹¹ In these programs, peers function in roles similar to community health workers. As such, they are valuable and cost effective additions to a workforce of other licensed mental health and substance abuse clinicians.

⁹ Kaufman, L., et al. (2012). Peer specialist training and certification programs: A national overview. *University of Texas at Austin Center for Social Work Research*.

¹⁰ Centers for Medicare and Medicaid, State Medicaid Director’s Letter #07-011, August 15, 2007.

¹¹ See for examples Heisler, M. (October 2007). Overview of peer support models to improve diabetes self-management and clinical outcomes. *Diabetes Spectrum*, 20 (4), 214-221.